

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/936816	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51	1	
2		1					52	1	
3		2					53	1	
4		1					54	1	
5		1					55	1	
6		1					56	1	
7		1					57	1	
8		1					58	1	
9		1					59	1	
10		1					60	1	
11		1					61	1	
12		1					62	1	
13		1					63	1	
14		1					64	1	
15		1					65	1	
16		1					66	1	
17		1					67	1	
18		1					68	1	
19		1					69	1	
20	1						70	1	
21	1						71	1	
22	1						72	1	
23	1						73	1	
24	1						74	1	
25	1						75	1	
26	1						76	1	
27	1						77	1	
28	1						78	1	
29	1						79	1	
30	1						80	1	
31	1						81	1	
32	1						82		
33	1						83		
34	1						84		
35	1						85		
36	1						86		
37	1						87		
38	1						88		
39	1						89		
40	1						90		
41	1						91		
42	1						92		
43	1						93		
44	1						94		
45	1						95		
46	1						96		
47	1						97		
48	1						98		
49	1						99		
50	1						100		
TOTAL IND.							TOTAL IND.	12	
TOTAL DEP.							TOTAL DEP.	76	
TOTAL CLAIMS							TOTAL CLAIMS	52	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS